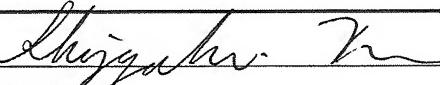
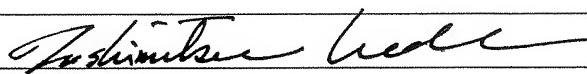
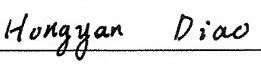


**CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES
ARE PRESENT OR IF THERE IS NO ASSIGNEE**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Shigeyuki KON
	Title: IMMUNOCOMPETENT CELL ACTIVATION INHIBITOR AND USE THEREOF	
	Attorney Docket Number:	

I hereby appoint: <input checked="" type="checkbox"/> Practitioners associated with the Customer Number		
22850		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Please recognize or change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number.		
I am the: <input checked="" type="checkbox"/> Inventor.		
SIGNATURE OF INVENTOR		
Signature		
Name	Shigeyuki KON	Telephone
Date		
Signature		
Name	Toshimitsu UEDE	Telephone
Date		
Signature		
Name	Hongyan DIAO	Telephone
Date		
* NOTE: Signatures of all the inventors are required. Total of _____ forms are submitted.		

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OR IF THERE IS NO ASSIGNEE**